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Note by the Secretary-General

The Secretary-General hereby transmits the report of the Director-General of the World Health Organization on the lessons learned in the public health emergency response to and management of previous international crises with health consequences, pursuant to General Assembly resolution 70/183.

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Report of the Director-General of the World Health Organization on the lessons learned in the public health emergency response to and management of previous international crises with health consequences

Summary

The present report provides an overview of lessons learned in the public health emergency response to and management of previous international crises with health consequences, pursuant to General Assembly resolution 70/183. The report provides a synthesis of recent experience and draws findings from various reports and assessments of response to the recent Ebola outbreak.

I. Introduction

1. Recent outbreaks and emergencies with health consequences, including the Ebola outbreak in West Africa and the ongoing Zika epidemic, highlighted the importance of global emergency preparedness and response capacity. In addition to their profound health consequences, outbreaks and pandemics pose a serious threat to global health security, development advances and economic stability. The World Bank estimates that the annual global cost of moderately severe to severe outbreaks is roughly $570 billion, or 0.7 per cent of global income.

2. In the past two years, countries have reaffirmed their political commitment to building the core capacities needed to prevent, detect and respond to emergencies with health consequences, in line with the obligations under the International Health Regulations (IHR) (2005). Multilateral regional and international entities have prioritized the expansion of their own emergencies capacities and the establishment of new cooperative arrangements. To ensure that this agenda is successful and sustainable, substantial financial resources have been pledged.

3. This momentum must not be lost. At the same time, to ensure maximum effectiveness and improved efficiencies, this work must be thoughtfully shaped and undertaken at the local, national and international levels in the light of past experiences. Pursuant to General Assembly resolution 70/183, this report provides an overview of lessons learned in the public health emergency response to and management of previous international crises with health consequences and notes examples of progress in each of the overarching areas.

II. Reviews

4. The Ebola crisis in West Africa sparked international scrutiny of the preparedness of the world and the World Health Organization (WHO) for health crises and their capacity to respond to health crises. A number of reviews were performed to determine why the Ebola outbreak reached the levels that it did and to articulate the recommended corrective actions and reforms that need to take place to help prevent similar events in future. These reviews concretize the lessons of past responses and provide guidance for efforts at all levels to safeguard against, and prepare for, future emergencies with health consequences.

5. The reviews noted the challenges of the Ebola response. However, they also stressed the need for coordinated international action and high-level, sustained political and financial commitments to improve global capacities to deal with future emergencies with health consequences. They acknowledge that the bedrock of outbreak and emergency preparedness and response is a functioning, resilient national health system — with service delivery, financing, human resources, infrastructure, information and supply management systems capable of detecting and responding to public health events at the national and subnational levels. The reports emphasized the critical role of WHO in providing leadership, technical expertise and coordination in managing outbreaks and emergencies with health consequences, including natural disasters and conflict.

6. The present report synthesizes recent experience and draws on the findings in those reports, including:

(a) Report of the High-level Panel on the Global Response to Health Crises (A/70/723) established by the Secretary-General;

(b) Report of the Ebola Interim Assessment Panel,[1] commissioned by the Executive Board of the World Health Organization;

(c) Reports of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies,[2] established by the Director-General of WHO;

(d) Report of the Secretary-General on the lessons learned exercise on the coordination activities of the United Nations Mission for Ebola Emergency Response (A/70/737 and Corr.1);

(e) Report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response;[3]

(f) Report of the Independent Panel on the Global Response to Ebola,[4] convened jointly by the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine;

(g) Report of the Commission on a Global Health Risk Framework for the Future,[5] convened by the National Academy of Medicine of the United States of America;

(h) "Toward a common secure future: four global commissions in the wake of Ebola".[6]

III. Functioning, resilient national health systems

7. Communities and national and subnational health workforce members are on the front line of identifying and responding to any health crisis. A central theme of all of the studies and assessments was that functioning, resilient national health systems are essential for effective action across the health risk management cycle. The integration of health security functions and health systems promotes sustainability, efficiency and effectiveness of a country's preparedness and response

[1] See http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1 (accessed 2 May 2016).

[2] For the Advisory Group's terms of reference, membership and reports, see http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/ (accessed 2 May 2016).

[3] See http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf (accessed 16 May 2016).

[4] Suerie Moon and others, "Will Ebola change the game? Ten essential reforms before the next pandemic: report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola", *Lancet*, vol. 386, No. 10009 (28 November 2015), pp. 2204–2221. Available at http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2815%2900946-0.pdf (accessed 2 May 2016).

[5] See http://www.nap.edu/catalog/21891/the-neglected-dimension-of-global-security-a-framework-to-counter (accessed 2 May 2016).

[6] Lawrence O. Gostin and others, "Toward a common secure future: four global commissions in the wake of Ebola", *PLoS Med*, vol. 13, No. 5 (2016).

capacity, while also strengthening the wider health system in support of Universal Health Coverage and the Sustainable Development Goals.

8. The centrality of national health capacities in emergency risk management was acknowledged on a global scale as much as 10 years earlier, during the negotiations of IHR (2005). Legally binding on 196 countries, the purpose and scope of the Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. This scope covers illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.

9. Under its terms, each State party is obligated to develop, strengthen and maintain the capacity to detect, assess, notify and report events and respond promptly and effectively to public health risks and public health emergencies of international concern. The Regulations also require countries to report certain disease outbreaks and public health events to WHO and establish a number of procedures that WHO must follow in its work to uphold global public health security.

10. Many countries, however, have not been able to develop the core capacities called for under IHR (2005). As early as three years before the Ebola outbreak in West Africa, a review of IHR implementation exposed vulnerabilities in national and local public health capacities.[7]

11. Countries need to recognize and prioritize IHR (2005) and fully implement core capacities, including effective surveillance, detection and response capacities. This will require increased funding and collaboration between countries and development agencies. Strengthening core capacities in resource-constrained countries must go hand in hand with overall strengthening of the health system itself.

12. A key element of ensuring that these core capacities are both developed and maintained will be the establishment of a cycle of assessment, action and reassessment. WHO, in collaboration with partners and initiatives such as the Global Health Security Agenda, developed the Joint External Evaluation Tool process and the tool itself[8] as part of the IHR (2005) Monitoring and Evaluation Framework.

IV. A new Health Emergencies Programme for WHO

13. While WHO successes in the Ebola response have been acknowledged, its shortcomings were also widely discussed. Nonetheless, the critical role of WHO in providing leadership, technical expertise and coordination in managing outbreaks and emergencies with health consequences, including natural disasters and conflict, was uniformly affirmed in all the reviews, with the accompanying recommendation

[7] See document A64/10, entitled "Implementation of the International Health Regulations (2005): report of the Review Committee on the Functioning of the IHR (2005) in relation to Pandemic (H1N1) 2009". Available at http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf.

[8] See http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf.

that WHO reform its emergencies capacities to become the Organization the world wants and needs, fit for purpose in the context of health crises.

14. WHO is committed to the attainment by all peoples of the highest possible level of health. A core component of this objective is the WHO mandate to provide technical assistance and aid in emergencies. To fulfil this mandate, WHO needs sufficient operational capability to lead and support preparations for, and responses to, outbreaks and emergencies with health consequences.

15. WHO has established a new Health Emergencies Programme, complementing its traditional technical and normative strengths with operational capacities for its work in outbreaks and humanitarian emergencies. The Programme represents a fundamental development for the Organization. It is designed to bring speed and predictability to the emergency work of WHO, using an all-hazards approach, promoting collective action and encompassing preparedness, readiness, response and early recovery activities.

16. Through the Programme, WHO will work across the risk management cycle in support of people at risk of or affected by outbreaks and other emergencies, addressing all health hazards in a predictable, capable, dependable, adaptable and accountable manner.

V. Improved coordination

17. The international community has put in place coordination mechanisms to ensure effective emergency response. Specifically, the Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance, established in 1992 in response to General Assembly resolution 46/182 on strengthening of the coordination of humanitarian emergency assistance of the United Nations. It is a unique forum involving the key United Nations and other humanitarian partners.

18. IASC has reinforced the global emergency response capacity according to an agreed division of labour, which is manifested in the cluster system. However, in the context of health crises, the Committee members and partners do not have substantial experience in managing infectious hazards. For this reason and in the light of the humanitarian community being overstretched with multiple Grade 3 crises to respond to an outbreak, the clusters were largely not activated during the Ebola outbreak, despite it having been declared a public health emergency of international concern by the WHO Director-General.

19. The spread of Ebola in West Africa outpaced the capacity of WHO and front-line responders to put in place the logistical, medical and material capacities needed to stem the spread of the virus. As a result, in September 2014, the Secretary-General established the United Nations Mission for Ebola Emergency Response (UNMEER), the first ever United Nations emergency health mission to coordinate international support for nationally led response efforts.

20. Following the decommissioning of UNMEER, many expressed the view that the implementation of its mandate or the structure of the Mission could have been improved. However, it was also noted that the strategic benefits that UNMEER

brought to the response in terms of leadership, facilitation, logistics and immediate funding added substantial value. Many studies endorsed an improved and streamlined model that would combine the critical components of an immediate influx of resources, empowered leadership and logistical support with a light structural footprint, building upon existing humanitarian coordination mechanisms and in-country capacities. Such an approach would allow the system to exercise flexibility in adjusting and adapting existing operational coordination and response systems to address the specificities of health crises as they unfold.

21. In July 2016, IASC agreed that WHO and the Office for the Coordination of Humanitarian Affairs of the Secretariat would lead a process of extending and adapting current IASC mechanisms for managing humanitarian crises to facilitate coordination of support for large-scale outbreaks, with adjustments for the particular characteristics and challenges of infectious hazard management. The new infectious hazard management standard operating procedures have been reviewed by the IASC Emergency Director Group and are scheduled to be considered by the IASC Principals in early December 2016.

VI. Sustainable, scalable and predictable financing

22. Financing emergency preparedness and response for outbreaks and pandemics has been central to the international discourse on emergency reform. Building a more effective system, at the national, regional and international levels, to detect and respond to health crises will require substantial, sustained investment. These investments will be small compared with the benefits to be reaped and will provide an opportunity to avoid the potentially devastating financial losses associated with major public health crises.

23. At the national level, financing constitutes a key constraint in meeting IHR (2005) core capacity obligations. While all countries have been encouraged to allocate a greater proportion of their national budgets to the health sector, including building core capacities, assessments suggest that many countries will require significant international assistance. To this end, the Global Health Security Agenda partner countries have committed themselves to assisting 30 countries in developing their core capacities, and other related health systems elements. The Ministers of Health of the Group of Seven agreed to offer to assist 76 countries, including the countries of West Africa, over the next five years to implement IHR (2005), including through the Global Health Security Agenda and its common targets and other multilateral initiatives.

24. To complement these efforts to finance preparedness, WHO and the World Bank Group have been requested to work together with partners to identify additional sources of financial and technical support to ensure that all countries participating in a periodic review of compliance with IHR (2005) requirements can enjoy guaranteed financial support as needed. This work is under way.

25. It is widely acknowledged that WHO will have two significant financial needs. The first is adequate resources to support its new Health Emergencies Programme. Even if all countries achieve compliance with the core capacities requirements, strong central operational capacity to rapidly respond in case of major outbreaks

that could not be contained by the country alone will be required. In this regard, WHO has mapped financial requirements to all of the new Health Emergencies Programme's deliverables. Sustainable, predictable funding will require an increase in core organizational funds being dedicated to health emergency management, highlighting the WHO critical emergencies functions in its financing dialogues, which have successfully changed its ability to predict and ensure adequate financing in each biennial fiscal cycle.

26. Studies have also indicated that WHO requires financing for its emergency response work. Until recently, WHO emergency response activities relied on voluntary funding, as there were very little immediately available standing resources, increasing the risk of delayed and poorly coordinated responses. To respond to this need, in 2015 WHO member States established the WHO Contingency Fund for Emergencies, with a target capitalization of $100 million. In September 2016, pledges and contributions to the Fund totalled $31.5 million.

27. Lastly, a gap in response financing at the national level was identified by the various studies. In particular, it was noted that for particularly severe outbreaks, there is no rapidly available surge financing. In response to this need, the World Bank has developed the Pandemic Emergency Financing Facility, using a combination of concessional financing instruments and innovative insurance mechanisms to make funds available to affected countries as soon as predefined criteria related to an outbreak are met to provide them financial assistance in the early days of a crisis.

VII. New platforms for research and innovation

28. The availability of effective medical countermeasures, including vaccines, therapeutics and diagnostics, is crucial in preventing and responding to communicable disease outbreaks. However, current, market-driven models of medical research and development do not cater for diseases that are sporadic or unpredictable, especially when they occur in countries with low investment in health infrastructure and delivery. Of the $214 billion invested in health research and development globally in 2010, less than 2 per cent was allocated to neglected diseases. The challenges are greater when confronted with a new disease such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and Nipah virus infection. These challenges were made tangible and clear in the Ebola outbreak in West Africa, at the start of which the international community did not possess much needed interventions to rapidly diagnose and safely and effectively treat or prevent the disease in humans. Even where vaccines or therapeutics exist, they are often inaccessible or unaffordable to vulnerable populations.

29. The WHO secretariat, in consultation with member States and relevant stakeholders, has engaged in the development of a blueprint for accelerating research and development in epidemics or health emergency situations where there are no, or insufficient, medical countermeasures. The blueprint will map options to proactively ensure that countermeasures (such as drugs, vaccines, diagnostics and behavioural interventions) will be available in a timely manner for the next infectious disease threat and that the global health research infrastructure is primed for immediate response during a health emergency.

30. Stakeholders from international organizations, Governments, industry, public and philanthropic research and development funders, academia, non-governmental organizations and civil society groups agreed at the annual meeting of the World Economic Forum held in Davos, Switzerland, in 2016 to explore new ways of working to drive vaccine innovation to address public health threats and establish the Coalition for Epidemic Preparedness Innovations in alignment with the WHO Research and Development Blueprint.

31. Commitments made at the Sixth Tokyo International Conference on African Development (TICAD VI), held in Nairobi in August 2016, included $25 billion from the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria and Japan's commitment of $1.1 billion to relevant institutions including WHO, the World Bank, the Global Fund and the GAVI Alliance.

VIII. Conclusion

32. The lessons learned from the Ebola crisis and earlier emergencies with health consequences all emphasize the need for adequate national and global preparation, which will in turn create the necessary foundation for predictable, adaptable and accountable response. The recommendations emerging from lessons learned (see annex) give structure to the collective, national and international efforts to ensure that the world is better positioned to detect and manage any future health crisis.

33. The General Assembly is invited to take note of this report.

Annex

Recommendations to the World Health Organization on its work in health emergencies and its response to those recommendations

Major area	*Panel*	*Specific recommendation*	*WHO response*
Establish a dedicated WHO structure for work across the emergency and outbreak risk management cycle	Ebola Interim Assessment Panel[a]	WHO should establish a WHO Centre for Emergency Preparedness and Response, which will be based on the currently separate outbreak control and humanitarian areas of work. This WHO Centre will need to develop new organizational structures and procedures to achieve full preparedness and response capacity. WHO must develop an organizational culture that accepts its role in emergency preparedness and response.	Document EB138/55, paras. 5-8;[b] Global Policy Group Statement, paras. 2-5;[c] Progress Report, paras. 8-13;[d] and document A69/30, paras. 2-4[e]
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies[f]	*First report*: WHO should immediately establish a centrally managed, global Programme for Outbreaks and Emergencies Management.	
	High-level Panel on the Global Response to Health Crises[g]	WHO should immediately strengthen its leadership and establish a unified, effective operational capacity … The Panel proposes that such a Programme become a Centre for Emergency Preparedness and Response with command and control authority.	Based on member State feedback, the Director-General has elected to move forward with a Programme rather than a Centre. This signifies full integration of the work of WHO in the health emergency management cycle within the Organization.
	Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response[h]	A tiered emergency response structure with strong linkages to both internal and external partners should be instituted, with clear, documented structures and processes for command and control, accountability and leadership.	
	Independent Panel on the Global Response to Ebola[i]	WHO should create a unified WHO Centre for Emergency Preparedness and Response with clear responsibility, adequate capacity and strong lines of accountability.	
	Commission on a Global Health Risk Framework for the Future[j]	By the end of 2016, WHO should create a Centre for Health Emergency Preparedness and Response — integrating action at the headquarters, regional and country office levels — to lead the global effort towards outbreak preparedness and response.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
Articulate clear lines of authority and accountability in the WHO health emergencies structure	Ebola Interim Assessment Panel	In an emergency, the head of the Centre would need full operational authority.	Document EB138/55, paras. 12-13;
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: The Director-General should undertake appropriate consultations with the Global Policy Group on outbreak and emergency issues. The Executive Director should be responsible and accountable for centralized management of the budget and human resources of the Programme.	Global Policy Group Statement, paras. 5-6; Progress Report, paras. 10-12; and document A69/30, paras. 5-8
		Second report: With respect to the lines of authority in incident management:	
		(a) The Director-General remains ultimately accountable for incident management within WHO;	
		...	
		(e) WHO should build the capacity of its staff in humanitarian partner coordination and response so that they can function more successfully within an incident management system.	The Director-General will delegate oversight and management of Grade 2 crises to the Executive Director or the respective Regional Director, depending on the nature of health emergency and the degree of internationally coordinated support required.
	High-level Panel on the Global Response to Health Crises	• The Centre is the central command and control mechanism in health emergencies. It should have clear lines of authority within the organization.	
		• During a health crisis, the Centre takes full authority for the Health Cluster response and liaises closely with the Government and all actors.	
		• In a Grade 2 or Grade 3 outbreak not already classified as a humanitarian emergency, a clear line of command will be activated throughout the United Nations system...	
	IHR Review Committee	WHO should balance a strong, decisive, accountable, multi-level programme with the strengths of the established working relationships that States parties have with country and regional offices.	
	Independent Panel on the Global Response to Ebola	WHO should clearly designate the Centre's operational lines of authority from headquarters to regions and countries.	
	Commission on a Global Health Risk Framework for the Future	WHO should merge health security and emergencies functions and integrate under the Centre's command-and-control structure. Regional Directors should have "dotted-line" geographic oversight of regional functions. Comparable, contextualized systems should be set up at the national level.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
Ensure financing for the WHO health emergencies structure	Ebola Interim Assessment Panel	At the meetings of the Executive Board and the World Health Assembly meetings in 2016, member States should reconsider moving from the policy of zero nominal growth to increase assessed contributions by 5 per cent.	Document EB138/55, para. 18; Progress Report, paras. 19-22; and document A69/30, paras. 20-22
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: The Programme will require "steady state" financing. *Second report*: The transformation required for WHO to perform its core functions in outbreaks and emergencies will require a significant increase in staff and financial resources. ... WHO should use existing resources efficiently and prioritize, articulate the linkages between resources and outcomes, identify benchmarks to assess progress and rigorously track expenditure. WHO needs to consider new ways to engage with different donors and stakeholders.	In the biennium 2016-2017, there is no request for an increase in assessed contributions, and in the biennium 2018-2019 there will be no changes in assessed contributions for Categories 1, 2, 3, 4 and 6.
	High-level Panel on the Global Response to Health Crises	The Centre should be funded from assessed contributions. Member States should increase their assessed contributions by at least 10 per cent and 10 per cent of all voluntary contributions to WHO — beyond programme support costs — should mandatorily support the Centre. The Centre should also have access to the World Bank's Pandemic Emergency Financing Facility if triggered.	
	IHR Review Committee	The WHO response to emergencies and to IHR should be a continued priority, and resources should be appropriately allocated to ensure the rapid success of the new Programme. Starting in 2017, core contributions to WHO should increase to establish an effective risk assessment, risk management and risk communication programme for health emergencies.	
	Independent Panel on the Global Response to Ebola	The Centre's budget should be protected and adequately resourced through a dedicated revolving fund. The fund should immediately disburse money for rapid scale-up when a crisis strikes, then be replenished from funds raised for that crisis to be ready for the next one.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
	Commission on a Global Health Risk Framework for the Future	In May 2016, the World Health Assembly should agree to an appropriate increase in WHO member States' core contributions to provide sustainable financing for the Centre.	
Establish, capitalize and manage a WHO emergency contingency fund	Ebola Interim Assessment Panel	Member States and partners should contribute immediately to the contingency fund, with a target capitalization of $100 million fully funded by voluntary contributions.	Document EB138/55, para. 11; Progress Report, paras. 7 and 23; and document A69/30, paras. 11, 17, 19 and 21
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*Second report*: For funding to support emergency operations, WHO should maximize its use of existing mechanisms like the Central Emergency Response Fund and actively seek full capitalization of the Contingency Fund for Emergencies.	
	High-level Panel on the Global Response to Health Crises	Member States should finance the WHO Contingency Fund with at least $300 million by the end of 2016. To ensure predictable financing, the Contingency Fund should be fully funded by member States according to the scale of their current assessment and immediately replenished when depleted. The Fund's resources should also be available to other health responders.	The Independent Panel did not speak on this area.
	IHR Review Committee	Starting from 2017, increase contributions to WHO, to allow the establishment of a programme for health emergencies, including a WHO Contingency Fund for Emergencies.	
	Commission on a Global Health Risk Framework for the Future	By the end of 2016, WHO should create and fund a sustainable contingency fund of $100 million to support rapid deployment of emergency response capabilities through one-off contributions or commitments proportional to assessed contributions from member States.	
Identify lead for the WHO health emergencies structure	Ebola Interim Assessment Panel	The Head must be a strong leader and a strategic thinker, with political, diplomatic, crisis coordination, organizational and managerial skills, able to make sound decisions quickly; able to discern when to move to rapid response; and able to coordinate with partners. The post should be advertised.	Global Policy Group Statement, para. 5; Progress Report, paras. 3 and 11; and document A69/30, para. 5
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: The Programme should be headed by an Executive Director at the rank of Deputy Director-General who reports to the Director-General.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
	Independent Panel on the Global Response to Ebola	The Centre should have its own Executive Director who is accountable for performance jointly to a separate Board of Directors and to the Director-General.	The High-level Panel and the IHR Review Committee did not speak on this area.
	Commission on a Global Health Risk Framework for the Future	An Executive Director at the level of Deputy Director-General should lead the Centre, and the post should be filled through external, open recruitment.	
Tailor systems, business processes and standard operating procedures for emergencies for the WHO health emergencies structure	Ebola Interim Assessment Panel	The WHO Centre will need to develop new organizational structures and procedures to achieve full preparedness and response capacity. New, simplified systems and processes in administration, human resources and procurement that facilitate rapid action and deployment are required.	Document EB138/55, paras. 14-15; Global Policy Group Statement, para. 5; Progress Report, paras. 5-7; and document A69/30, paras. 2-4 The High-level Panel, the IHR Review Committee, the Independent Panel and the Commission did not speak on this area.
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: WHO should immediately redesign the WHO human resource management system and transform financial management processes so funds can be promptly disbursed where they are needed. *Second report*: WHO should develop processes specific to its outbreaks and emergencies work to meet performance benchmarks for human resource and financial management. There must be transformational changes, based on a "no-regrets" approach.	
Ensure independent oversight of WHO performance in emergency risk management	Ebola Interim Assessment Panel	WHO, through the Director-General, should immediately establish an independent Board to oversee the Centre. It should guide the development of the new Centre and report on its progress to the Executive Board, the World Health Assembly and the Inter-Agency Standing Committee (IASC). The Chair of this Board should provide an annual report on global health security to the Executive Board, the World Health Assembly and the General Assembly.	Document EB138/55, para. 16; Global Policy Group Statement, para. 5; Progress Report, para. 14; and document A69/30, paras. 13-14
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: An external, independent oversight body should be established by the Director-General to monitor the performance of the Programme using benchmarks established for this purpose.	

Major area	Panel	Specific recommendation	WHO response
		Second report: Observations regarding the following features of an independent oversight body:	The Independent Oversight and Advisory Committee met for the first time on 5 May 2016. Additional meetings were held on 4 and 5 July and 1 September 2016.
		(a) *Composition*: The members of the body should have technical expertise in areas that are relevant to the Programme. The membership should be multisectoral and could be drawn from member States, donors, non-governmental organizations (NGOs) and civil society, the private sector and the United Nations system. Members would exercise their responsibilities individually and independently;	
		(b) *Functions*: The functions could include monitoring and advising on the implementation of the Programme, examining the sufficiency of resources available for the Programme, monitoring the application of lessons learned to adaptation of the Programme and providing observations on the strengthening of health systems and global health security;	The IHR Review Committee did not speak on this area.
		(c) *Reporting*: Where the procedures of the United Nations and WHO governing bodies do not allow for the oversight body to directly submit reports, such reports could be taken into consideration and appropriately reflected by WHO in its reporting to these bodies.	
	High-level Panel on the Global Response to Health Crises	The Centre should be guided by an independent Advisory Board, composed of representatives of other United Nations emergency response organizations, national Governments, NGOs in the health sector and other institutional partners, to ensure broad input into the Centre's situational assessments and to reduce misjudgements or political interference. The Advisory Board members should have access to WHO surveillance data and should provide input to the Centre's assessments and response.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
	Independent Panel on the Global Response to Ebola	The Executive Director should be accountable for performance jointly to a separate Board of Directors and to the Director-General. The Board should include broad representation of Governments from each WHO region, scientific expertise, including about animal health, operational responders from all sectors and funders. The Executive Director should inform the Board immediately when the Centre's risk analysis suggests that coordinated international action is needed and should mobilize an appropriate response.	
	Commission on a Global Health Risk Framework for the Future	The Executive Director should report to a merit-based and multidisciplinary technical governing board. The technical governing board should be chaired by the Director-General, who should nominate members strictly on the basis of their technical expertise, not on the basis of member State representation. Members should come from various countries, regions and sectors, including civil society organizations, academia and the private sector. Additionally, the technical governing board should include representatives from the United Nations and possibly the World Bank to enable multisectoral support and coordination of the WHO efforts.	
Coordinate the global health emergency workforce as part of the WHO health emergencies structure	Ebola Interim Assessment Panel	Standby capacity needs to be put in place across WHO and its partners, including the Global Outbreak Alert and Response Network (GOARN), and there should be pre-agreed arrangements for emergency medical teams. The global health emergency workforce needs to be pre-qualified, fully trained, on standby and familiar with its roles.	
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: GOARN needs to be strengthened, including training members in teams and involving them in joint risk assessments to enhance readiness to deploy. WHO should establish new arrangements and partnerships so that personnel can be engaged from partners. Existing networks of expertise should be utilized more effectively and predictably. *Second report*: WHO needs to undertake a stakeholder analysis of partners that contribute to the global health emergency workforce and to identify and establish relationships with national workforces and support them through training and	Document EB138/55, para. 7; Progress Report, para. 15; and document A69/30, paras. 15 and 18

Major area	*Panel*	*Specific recommendation*	*WHO response*
		technical guidance. WHO is responsible for coordinating international health actors and ensuring adherence to common standards when deployed. WHO should strengthen operational support to networks deployed through WHO and must define and promote common standards for health interventions, information-sharing and handling personal health data.	
	High-level Panel on the Global Response to Health Crises	The Centre houses a workforce deployment management unit, including GOARN and emergency medical teams, which coordinates the Global Emergency Health Workforce, deploying experts and emergency medical teams as needed.	
	IHR Review Committee	WHO should strengthen its partnerships with GOARN, civil society organizations and key private sector stakeholders to enhance WHO surveillance, risk assessment and risk communication capacity. WHO should identify military medical staff available to be deployed, with the host country agreement, to provide medical care to civilian health-care workers in significant infectious disease outbreaks. Such teams should be available in all WHO regions. This should be linked to the WHO work on the global health emergency workforce.	
	Independent Panel on the Global Response to Ebola	The Centre should be able to assemble the world's best expertise to tackle disease threats and should develop protocols, build relationships and negotiate agreements with Governments and partners to mobilize rapidly, including strengthening capacities in developing countries to better respond nationally and participate internationally. It should set standards for certifying crisis responders, from communications experts and logisticians to surgeons and managers.	
	Commission on a Global Health Risk Framework for the Future	The Centre should coordinate the global health emergency workforce and should strengthen and expand GOARN, integrating national, regional and global capabilities to reduce over-reliance on a limited group of partners.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
Increase WHO capacity in independent, reliable risk assessment and in information management and sharing	Ebola Interim Assessment Panel	All levels of WHO should be strengthened to increase the Organization's ability to independently identify health risks and to declare health emergencies. WHO must re-establish itself as the authoritative body communicating on health emergencies. It must fulfil its role in rapidly, fully and accurately informing Governments and the public about the extent and severity of an outbreak.	EB138/55, paras. 7 and 10-11; Global Policy Group Statement, para. 5; Progress Report, paras. 5-6; and document A69/30, paras. 2-4
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: WHO should lead independent and comprehensive risk assessments to assist countries in preparing and responding to outbreaks and emergencies. These will be undertaken with affected country authorities and partners to determine the necessary alert level, action to be triggered and how risks are communicated. Where national authorities are not in a position to participate, WHO would perform this function with local, national and international actors. *Second report*: Conducting independent risk assessments is a critical function of the Programme. Risk assessments should be done at all levels of WHO and are a core capacity of all States under IHR. The Director-General should be able to trigger an independent risk assessment.	
	High-level Panel on the Global Response to Health Crises	The Centre should establish a transparent protocol to activate an immediate response to outbreaks and to call on political action where obstacles delay or prevent international action. The Centre should house an open data platform that will collect, manage and analyse public data on epidemiological events globally and be responsible for making these data publicly available.	
	IHR Review Committee	WHO should establish a standing advisory committee to regularly review WHO risk assessment and risk communication; create an intermediate level of alert called an International Public Health Alert; and develop an updated communication strategy.	
	Independent Panel on the Global Response to Ebola	The Centre should assess risks on the basis of information that countries and others provide and have powerful analytical, data-processing and advisory capacity to command respect in policy and scientific communities.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
	Commission on a Global Health Risk Framework for the Future	By the end of 2016, WHO should establish a mechanism to generate a daily high-priority "watch list" of outbreaks that could potentially become a public health emergency of international concern (PHEIC), to normalize the process of outbreak reporting by country and to encourage necessary preparedness activities. The WHO Centre should have robust capabilities to manage surveillance for outbreaks and events, assessment of IHR functions and compliance and risk communication.	
Strengthen WHO work as Health Cluster Lead in the context of the Inter-Agency Standing Committee (IASC)	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: WHO should demonstrate a commitment to strong, consistent and visible leadership of the Global Health Cluster and to more active engagement with IASC. *Second report*: In its Country Offices, WHO should undertake analyses of stakeholders on the ground, work with Health Cluster partners to build Cluster capacities and ensure their integration in emergency operations, and articulate the linkages between the Programme, the Health Clusters and the humanitarian coordination system.	Document EB138/55, para. 16; Global Policy Group Statement, para. 5; Progress Report, para. 14; and document A69/30, paras. 13-14
	High-level Panel on the Global Response to Health Crises	During a health crisis, the Centre takes full authority for the Health Cluster response and liaises closely with the Government and all actors. The creation of the Centre must therefore lead to stronger, more inclusive and independent leadership of the Health Cluster.	The Ebola Interim Assessment Panel, the IHR Review Committee, the Independent Panel and the Commission did not speak on this area.
Ensure WHO capacity to provide technical leadership and coordination in large-scale health emergencies	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: Coordinating international support and operations in the field; convening health actors; promoting harmonization and synergy around a common plan and agreed outcomes; and facilitating alignment on public health and patient care are critical functions of WHO. *Second report*: WHO should build its staff's capacity in humanitarian partner coordination and response to engage in outbreaks and emergencies and function in incident management systems.	Document EB138/55, para. 16; Global Policy Group Statement, para. 5; Progress Report, para. 14; and document A69/30, paras. 13-14
	High-level Panel on the Global Response to Health Crises	In situations where a health crisis is the root cause of a broader humanitarian emergency, the Centre should play a lead role in the coordination of an inclusive inter-agency response.	The Ebola Interim Assessment Panel did not speak on this area.

Major area	*Panel*	*Specific recommendation*	*WHO response*
	IHR Review Committee	WHO should use its global coordination mandate to ensure that Global Health Security Agenda and IHR reporting are shared.	
	Independent Panel on the Global Response to Ebola	The Centre should develop rapid response and strong coordinating capacity. In a multi-country outbreak, the Centre should ensure Government-to-Government coordination by establishing channels of direct communication for rapid information sharing.	
	Commission on a Global Health Risk Framework for the Future	By the end of 2016, the United Nations and WHO should establish clear mechanisms for coordination and escalation in health crises, including those that become or are part of broader humanitarian crises requiring mobilization of the entire United Nations system.	
Align the WHO grading system with that of the global risk management system	Ebola Interim Assessment Panel	WHO should consider how to coordinate its own emergency grades and declarations of a public health emergency of international concern (PHEIC) with the emergency levels applied in the broader humanitarian system, in order to facilitate better inter-agency cooperation.	Document EB138/55, para. 16; Global Policy Group Statement, para. 5; Progress Report, para. 14; and document A69/30, paras. 13-14
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*Second report*: It is critical to align the WHO Emergency Response Framework and the grading systems of other United Nations organizations and integrate events that may constitute a PHEIC into the grading system.	The Independent Panel and the Commission did not speak on this area.
	High-level Panel on the Global Response to Health Crises	The Secretary-General should initiate the integration of health and humanitarian crisis trigger systems. Every health crisis classified as Grade 2 or Grade 3, according to the WHO Emergency Response Framework, should automatically trigger an inter-agency multisectoral assessment.	
	IHR Review Committee	To ensure consistent actions across different levels of risk and to reduce confusion, the relationships between the risk grading and response actions across the Regulations, the updated Emergency Response Framework, and the IASC activation levels should be clearly documented and communicated to all stakeholders.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
Ensure that WHO is able to play a central role in convening and coordinating research and development efforts in emergencies	Ebola Interim Assessment Panel	WHO should play a central convening role in research and development efforts in emergencies; including accelerating development of appropriate diagnostics, vaccines, therapeutics and medical and information technology.	Document EB138/27, paras. 20-23;[c] Progress Report, para. 14; and document A69/30, paras. 13-14
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: It is critical that WHO ensure the application of the best scientific knowledge of an outbreak in commissioning research and product development, while pushing for innovation.	
		Second report: In developing the Programme, WHO should keep in mind that research and development functions must be incorporated as part of emergency operations.	
	High-level Panel on the Global Response to Health Crises	The Centre should be tasked to determine if an outbreak necessitates accelerated research and development on medical countermeasures such as diagnostics, therapeutics or vaccines and should work closely with the relevant WHO department in coordinating measures to support such research.	The IHR Review Committee did not speak on this area.
	Independent Panel on the Global Response to Ebola	WHO should convene Governments, the scientific research community, industry and NGOs to begin developing a framework of norms and rules for research relevant to disease outbreaks.	
	Commission on a Global Health Risk Framework for the Future	WHO should establish an independent pandemic product development committee to convene regulatory agencies, industry stakeholders and research organizations.	
Articulate the role of WHO Country Offices in the context of health emergencies	Ebola Interim Assessment Panel	When a health emergency occurs, the Country Representative must be able to work across all Ministries. The WHO Country Representative must have an independent voice to communicate accurate risk assessments that may not always be welcomed and must be assured of the full support of the Regional Director and the Director-General when the country is not willing to share information or agree on proposed actions.	Document EB138/55, paras. 9 and 13; and document A69/30, paras. 7 and 9-10
		WHO must adopt a new approach to staffing in country offices, taking into account country circumstances and ensuring the highest level of capacity for the most vulnerable countries … The role of the Country Representative then is to manage key partnerships, support the emergency team and continue to manage other programmes.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: Depending on a given outbreak or emergency, the Country Representative may be appointed as the Incident Manager. The WHO Global Policy Group should encourage WHO Country Representatives and the WHO Programme to prioritize services to people who are in greatest need of assistance and support the Country Representatives and Incident Managers as they negotiate this. *Second report*: Country Representatives and Regional Directors need to be fully engaged in incident management decision-making and within the functioning of the Programme. The operational posture of WHO must be reflected in every aspect of its work, including the positioning of WHO Country Offices.	The IHR Review Committee, the High-level Panel, the Independent Panel and the Commission did not speak on this area.
Increase awareness of and improve implementation of and compliance with the International Health Regulations (2005) (IHR)	Ebola Interim Assessment Panel	The IHR Review Committee for Ebola should consider incentives for encouraging countries to notify public health risks to WHO.	
	High-level Panel on the Global Response to Health Crises	The international community must fulfil the commitments towards the Sustainable Development Goals, with a particular emphasis on health-sector goals. The Statistical Commission, in its deliberations on the indicators for the Sustainable Development Goals, should give consideration to measuring compliance with the IHR core capacity requirements and the strengthening of overall health systems as indicators towards attainment of the Sustainable Development Goals related to health.	Document EB138/27, paras. 15-18; Progress Report, para. 17; and document A69/30, paras. 6 and 9-10
	IHR Review Committee	Awareness and recognition of IHR (2005) should be increased, and the lead role of WHO within the United Nations system in implementing the Regulations should be reaffirmed … WHO should increase transparency about additional measures adopted by States parties, and publicity about temporary recommendations, develop partnerships with international travel and trade organizations and engage with other relevant private stakeholders.	
	Independent Panel on the Global Response to Ebola	Incentives for early reporting of outbreaks and science-based justifications for trade and travel restrictions should be strengthened.	The Advisory Group did not speak on this area.

Major area	*Panel*	*Specific recommendation*	*WHO response*
	Commission on a Global Health Risk Framework for the Future	By the end of 2016, the World Health Assembly should agree on new mechanisms for holding Governments publicly accountable for performance under IHR (2005) and broader global health risk frameworks, including: • Protocols for avoiding suppression or delays in data and alerts and • Protocols for avoiding unnecessary restrictions on trade or travel	
Conduct assessments, develop costed plans and ensure the development of national core capacity-building under the International Health Regulations (2005) (IHR)	Ebola Interim Assessment Panel	WHO should propose a prioritized and costed plan, based on independently assessed information, to develop core capacities required under IHR (2005) for all countries.	Document EB138/27, paras. 15-18; Progress Report, para. 17, and document A69/30, paras. 6 and 9-10
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: WHO should join with national authorities at regular intervals to ensure that there are sufficient in-country capabilities in relation to outbreaks and emergencies.	
	High-level Panel on the Global Response to Health Crises	By 2020, States parties to IHR, with appropriate international cooperation, should be in full compliance with the IHR core capacity requirements. States parties should provide WHO with an annual written assessment of their IHR core capacities. On a rotating basis, each country should be subject to a periodic review. For countries under review, WHO should arrange an independent field-based assessment and coordinate with other reviews. The self-assessment and the WHO-arranged assessment should be presented to the World Health Assembly for discussion. Within three months, WHO should develop a costed action plan for each country based on the discussions. Once a State party has achieved full compliance with IHR core capacity requirements, the periodic review should be broadened to include a wider assessment of its health system.	
	IHR Review Committee	WHO should lead the development of a Global Strategic Plan to improve public health preparedness, to ensure implementation of IHR, especially core capacities. Self-assessment, complemented by external assessment, should be recognized best practice in monitoring and strengthening the implementation of IHR. WHO and States parties should ensure that all health system strengthening	

Major area	Panel	Specific recommendation	WHO response
		programmes specifically address IHR core capacities. WHO must prioritize support in establishing core capacities and detection of public health risks to countries that have extremely low resources, are in the middle of conflict or are considered fragile.	
	Independent Panel on the Global Response to Ebola	All Governments must agree to regular, independent, external assessment of their core capacities.	
	Commission on a Global Health Risk Framework for the Future	By the end of 2016: (a) WHO, with member States, should develop a precise definition and benchmarks for national core capabilities and functioning under IHR, against which countries will be independently assessed; (b) WHO should devise a regular, independent, transparent and objective assessment to evaluate country performance against the benchmarks; and (c) all countries should commit to participate in the assessment process, including publication of results. WHO should provide technical support to countries to fill gaps in their core capacities and achieve benchmark performance. The Secretary-General should work with WHO and other United Nations partners to develop strategies for sustaining health system capabilities and infrastructure in fragile and failed States and in war zones, to the extent possible.	
Ensure financing for national core capacity development under the International Health Regulations (2005) (IHR)	Ebola Interim Assessment Panel	WHO and the World Bank should work together on financing the prioritized and costed core capacities plan, which should be submitted to donor agencies, member States and other stakeholders for funding. It could include new types of financing mechanisms.	Document EB138/27, paras. 15-18; Progress Report, para. 17; and A69/30, paras. 6 and 9-10
	High-level Panel on the Global Response to Health Crises	WHO should consolidate a public report on the global state of IHR core capacities and outline an implementation strategy with requirements for international assistance. Domestic and international fund needs to be mobilized to support IHR core capacity implementation. Least developed countries and other vulnerable countries should receive assistance in this regard.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
	IHR Review Committee	WHO, States parties and international development partners should urgently commit to providing financial support at the national, regional and international levels for the successful implementation of a Global Strategic Plan to improve public health preparedness.	The Advisory Group did not speak on this area.
	Independent Panel on the Global Response to Ebola	WHO should convene Governments and other major stakeholders within six months to begin developing a global strategy to ensure domestic government investment in building core capacities and to mobilize adequate external support to supplement efforts in poorer countries. A transparent central system for tracking and monitoring the resource flow results is required.	
	Commission on a Global Health Risk Framework for the Future	The World Bank, bilateral and other multilateral donors should declare that funding related to health system strengthening will be conditional upon a country's participation in the external assessment process.	
Ensure smooth WHO coordination and collaboration with partners as part of the wider health and humanitarian systems	Ebola Interim Assessment Panel	WHO does not need to build up a comprehensive emergency capacity, separate from that of other United Nations agencies. The overarching goal of WHO should be to coordinate in health emergencies, with, where possible, national Governments fulfilling their responsibilities and WHO not seeking to duplicate or replace other partner agencies' capacities.	Document EB138/55, paras. 5, 6, 8 and 17; Global Policy Group Statement, para. 4; Progress Report, para. 2; and document A69/30, paras. 9 and 10 The Independent Panel did not speak on this area.
	Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies	*First report*: WHO must exercise decisive leadership on the health aspects of an outbreak or emergency, while supporting national authorities and operating as one partner with other actors, each of whom have their own responsibilities and expertise. The Programme's operational capacity should interface and be interoperable with similar governmental and partner capacities. WHO should establish partnership agreements with partners and put in place a framework for cooperation that can be activated under defined circumstances, clarifying respective roles and responsibilities.	

Major area	*Panel*	*Specific recommendation*	*WHO response*
		Second report: As an operational organization, WHO will need to engage quickly and openly with other health actors. This means recognizing that WHO will not be the default actor — in most instances, the national Government will be the principal actor, supplemented by national and international partners. The principal operational role of WHO will be to work with others to ensure that critical requirements are met and gaps are filled, with WHO implementing when appropriate.	
	High-level Panel on the Global Response to Health Crises	The Centre should develop partnerships with logistics providers to be able to support the rapid deployment of responders and crucially needed materials. Where a health crisis is the cause of a humanitarian emergency, the Centre should coordinate an inclusive inter-agency response.	
	IHR Review Committee	WHO capacity and partnerships to implement IHR and to respond to health emergencies should be strengthened. The WHO emergency response structure should have strong linkages to both internal and external partners. WHO should develop agreements relevant to IHR implementation, when not already in place, with key United Nations agencies and other international bodies. WHO should develop or strengthen its links with key United Nations agencies in IASC.	
	Commission on a Global Health Risk Framework for the Future	By the end of 2016, WHO and Governments should enhance the means of cooperation with non-State actors, including local and international civil society organizations, the private sector and the media.	

(Footnotes on following page)

(Footnotes to table)

[a] For the report of the Ebola Interim Assessment Panel, see http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1 (accessed 2 May 2016).

[b] "2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3/R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)): high-level design for a new WHO health emergencies programme" (EB138/55). Available at http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_55-en.pdf (accessed 2 May 2016).

[c] "Global Policy Group Statement on reforms of WHO work in outbreaks and emergencies", Geneva, 30 January 2016. Available at http://www.who.int/dg/speeches/2016/reform-statement/en/ (accessed 2 May 2016).

[d] "Progress report on the development of the WHO Health Emergencies Programme, 30 March 2016". Available at http://www.who.int/about/who_reform/emergency-capacities/who-health-emergencies-programme-progress-report-march-2016.pdf?ua=1 (accessed 2 May 2016).

[e] "Reform of WHO's work in health emergency management: WHO Health Emergencies Programme" (A69/30). Available at http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf (accessed 4 May 2016).

[f] For the Advisory Group's terms of reference, membership and reports, see http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/ (accessed 2 May 2016).

[g] See http://www.un.org/ga/search/view_doc.asp?symbol=A/70/723 (accessed 11 April 2016).

[h] See http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf (accessed 16 May 2016).

[i] Suerie Moon and others, "Will Ebola change the game? Ten essential reforms before the next pandemic: report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola", *Lancet*, vol. 386, No. 10009 (28 November 2015), pp. 2204-2221. Available at www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2815%2900946-0.pdf (accessed 2 May 2016).

[j] Commission on a Global Health Risk Framework for the Future, "The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises", 2016. Available at https://nam.edu/wp-content/uploads/2016/01/Neglected-Dimension-of-Global-Security.pdf (accessed 2 May 2016).

[k] "2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3/R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)): update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised" (EB138/27). Available at http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_27-en.pdf (accessed 2 May 2016).